

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet** 

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No			
COMMITTEE			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new no	ame • k		
1. Full Name of Committee (as on Statement of Organization)  ELECT ROBIN L. WARD FOR HAMILTON (	OUNTY ASSE	SSOC Number	
2. Acronym or Abbreviated Name (if any)	3. Committee Telep	none Mumber	
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this is a new a	ddress	
4. Mailing Address (address where the company Driver			
	6. Party Affiliation		
1 4 0000		a-ican	
CANDIDATE INFORMATION (For Candidate's	Committees Only)		
	8. Party Affiliation	or if independent	l Candidate
7. Full Name of Candidate (include any nickname)			
KOBIN L. MARS	CEPU	BLILAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10 County of Do	.14.	
County Assessor	10. County of Re		
TYPE OF REPORT	HA	MILTON	
11. Check one:			N CANDIDATES ONL
Pre-Primary Pre-Election Annual Nomination Other		Check one:	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement	at of Owner-last and	Pre-Conv	
12. Reporting Period:	ii oi Organization)	F0\$(-C0)	vention
From: 6-10-09 Through: 12-31-09		DLUMN A	COLUMN B
13. Cash on hand and investments at the beginning of this reporting period.	1.5	is Period	Year to Date
14. Cash on hand and investments January 1, current year.		0-	
CONTRIBUTIONS AND RECEIPTS			-0-
(Note: these amounts include in-kind contributions and loans, as well as cash contributions)			
15a. Itemized (use Schedule A)			
15b. Unitemized		00	Z <b>5</b> 00
15c. Add lines 15a and 15b in both columns		12	15
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	BTOTAL Z	<b>500</b>	2500
EXPENDITURES	TOTAL Z	500 15	Z500 15
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			
17b. Unitemized		2147	2147
17c. Add lines 17a and 17b in both columns		1475	1475
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	BTOTAL 2	14375	214375
19. Debts OWED BY the committee (use Schedule D)		33640	33640
20. Debts OWED TO the committee (use Schedule E)		0-	
the committee (use Schedule E)		<u> </u>	
RIFICATION		<u></u>	
TOF MY KNOWLEDGE AND BELIEF IT IS	TRUE CORREST AVE	FO	OR OFFICE USE ONLY
Title /	Date	,	
Trasurer	_   Date // 4	11043:	same and the second
	Date		een blaff
for sale or used for	1 1 1	0	
for safe or used for any commercial purpose erson who fails to file a complete or accur and may be subject to civil penalties. (1/2.3)	(IC 3-9-4-5) A person wh	no knowingly	
and may be subject to civil penalties. (IC 3-	9-4-16. IC 3-9-4-17 IC 3-0	the Indiana	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	

CONTRIBUTORIO				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
ALLEN ROSENBERG SR 9675 MARINA VILLAGODR	Contributions: Direct In-Kind (describe) Other Receipts:	PERIOD 55 (0) 92 92	YEAR-TO-DATE	9-2-09
INDIANAPOLIS, IN 46256	Interest Loan Misc. (specify)			Rosin War
Contributor's Occupation (if required)				1
2	Contributions; Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
3.				
<b>.</b>	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan			
Contributor's Occupation (if required)	Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
· · · · · · · · · · · · · · · · · · ·	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				!
SUBTOTAL 1 TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A	\$ 500%	-	
(Enter total on ITEM	1 15a of the Summary Sheet)	\$		



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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND				<del></del>	
FILLS MALLING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	601.11		
FULL MAILING ADDRESS	OR OTHER RECEIPT			NINE	DATE
(street, number, city, state, ZIP code)		AMOUNT THI			RECEIVED
1,		PERIOD	YEAR-TO	O-DATE	RECEIVED BY
	Contributions:				
	Direct				
	In-Kind (describe)				
				ļ	
	<del></del>				
	Other Receipts:				
	Interest Loan			Γ	
	Misc. (specify)		1		
	L.J Wisc. (specify)			1	
2.				1	
	Contributions:				
	Direct				
	☐ In-Kind (describe)				
	La Killa (describe)		ĺ		
·					
	Other Receipts:				
	Interest Loan			-	
	Misc. (specify)			1	
3.					
<b>v</b> .	Contributions:	†			
	Direct				
	I .	1			
	In-Kind (describe)			1	
	Other Receipts:				
	Other Receipts:			<del> </del>	
	Interest Loan				
	Misc. (specify)			ì	
4.	Contributions:				
	Direct				
	1				
	n-Kind (describe)				
			-	ļ	
	0	-		ì	
	Other Receipts:			<u> </u>	
	Interest Loan			Į.	
	Misc. (specify)	-		;	
		1			
5.	Contributions:				
	Direct				
	In-Kind (describe)			i	
	Other Receipts:	İ		<del> -</del>	
	Interest Loan			1	
	Misc. (specify)			i	
	1-7//				
0117					
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$			
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST BACE ONLY	1			
(Enter total on ITF	M 15a of the Summary Sheet)	\$			
	or the Summary Sneet)	1 -			



#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)	PEMOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			•
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan Misc. (specify)			
SUBTOT	AL THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDUL (Enter total on I	E A ON THE LAST PAGE ONLY	\$		



# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Misc. (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4,	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)		S	
SURTOTAL	THIS PAGE OF SCHEDULE A			<del></del>
TO FAL OF ALL PAGES OF SCHEDULE	A ON THE LAST BACE ONLY	\$		
(Enter total on ITE	M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus and regular party committees MUST be itemized on this schedule. All cumulative receipts. (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
RETLET LARD SURVEY 107 LATERMONDRIVE NOBLESILLE, IN 46060	Contributions: Contributions: In-Kind (describe)  Other Receipts: Interest Loan	5000	YEAR-TO-DATE	6/9/09
2	Misc. (specify)			
RETLEG VARD SURVEYOR	Contributions: Direct In-Kind (describe) Other Receipts:	15000		7/21/09
Noscesvice, IN 40000	☐ Interest ☐ Loan ☐ Misc. (specify)	1302		
	Contributions: Direct In-Kind (describe)			
4.	Other Receipts:  Interest Loan  Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 2,00000		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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### (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees. (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
HAMILTON CONTY REPUBLICAN FISHERS, IN		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250=		<i>હોન્ગ</i>
Code		Direct In-Kind			
THE STERETURN GROUP 4816 MALLAROVIEWDE INDIANATOLIS, IN 46 226		Payment of Debt Returned Contribution Other Purpose:	800 %		7/28/09
UNITED SHATES POSTAL SALVED		Purpose:	30 <sup>12</sup>		8/19/09
UNITED SAFEL PORTOR SURVEY		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1323		8/24/09
THE STRUCTUREN GROVE 4816 MALLARD VIEWDZ INDIANAFOLIS, IN ALEZZU		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	935**		9/3/09
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAC	E OF SCHEDULE B	5011-		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	FLAST PAGE ONLY	\$2147		
	(Enter total on ITEM 17a of	the Summary Sheet)	\$ 2147		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES For Public Questions

: INSTRU	CTIONS: Please	tung or print	المحالي الما	D1 4 014 114					
	CTIONS: Please ng this schedule.	type or built	regiony in	BLACK IN	<ul> <li>all information</li> </ul>	on this	schodulo Eo		_
completi	ng this schedule, paid to political co	see instruction	ns on the re	augree pide	Alt many and	011 1113	surredule. Ful	assistance	ın
amount r	أراء للالمسالة		OII LING TO	SVCISE SIDE.	All cumulative ex	Kpenses (	or transfers-ou	renardioer	of
amount	aid to political co	mmittees supp	artina or one	nosina a nubi	ic ausetion MUC	T 4		i reduiness	UI
			G	booming a publ	ic daesnoll' MCS	o De Hen	ilzed on this so	hedulo	

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Enter Text of Public Question	PUBLIC QUESTIC	ON INFORMATION			
or abile Question					
			•		
Type of Question: Statewide	Local	•			
Position: Supported Oppos					
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	
(street, number, city, state, ZIP code)		and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		☐ Direct ☐ In-Kind	- 11100	ILAR-TO-DATE	
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		Direct Co.			
		☐ Direct ☐ In-Kind☐ Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code					
		Direct In-Kind Payment of Debt			
		Returned Contribution			•
		Other Purpose:			<u>}</u>
Code					
Code		Direct In-Kind Payment of Debt			
		Returned Contribution			
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		Returned Contribution			
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Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
d de la companya de l		Returned Contribution			
		Other Purpose.			
TOTAL OF ALL PACE	SUBTOTAL THIS PA	GE OF SCHEDULE C	\$		
ALL TAG	ES OF SCHEDULE C ON TH (Enter total on ITEM 17a of	the Summary Shoot	S		



## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION			:		
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LENDER'S OCCUPATION				ļ	
LENDER'S OCCUPATION					
		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					
(Enter total on ITEM 19 of the Summary Sheet)					\$



## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
				A. The service services	
		3			
			; -	To come of the com	5. i I I
		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$
	TOTAL OF	ALL PAGES OF SCHEDU	E E ON THE LAS	ST PAGE ONLY	\$
(Enter total on ITEM 20 of the Summary Sheet)					